



Mic

## Authorisation Form for Foreign Domestic Worker Work Pass

This authorisation letter shall only be valid for 14 days from the date of employer's authorisation, and only applies to the **Transactions** application / renewal / transfer / cancellation of the foreign domestic worker(s) listed below. To ensure proper authorisation, employers are to indicate NA for rows that are not filled.

\*The softcopy of this form contains macros and can only be used with MS Word 2007 version or later. Please print out the PDF version and fill it in hardcopy if you do not have the required software.

Declaration by E	mployer		
mployer Name	yes took Leng	)	
NRIC No./ FIN	C/22/392A		
Contact No.	(a)	22.050.2010	
Signature and Date	100	, 23 SEP 2019	
S /N Name of Fore	ign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
ANIMON C		0 08956448	Application will
1 Nings	· ·	* UNIT	
2	that I am authorising	The court of	(Name and
I hereby decia	re that I am authorising	orm the above work pass trans	saction(s) on my behalf.
I hereby authory of the re	orise(NRIC/Passpor	(Full name a t No.), to submit this authorisation tis enclosed with this authoris	s in NRIC/Passport), ation form on my behalf. A sation form.
l hereby authorized copy of the re	orise(NRIC/Passport presentative's NRIC/Passpor	t No.), to submit this authorisa	ation form on my behalf. A
Copy of the re	orise(NRIC/Passport presentative's NRIC/Passport EA	t No.), to submit this authorisa t is enclosed with this authoris	ation form on my behalf. A sation form.
copy of the re	presentative's NRIC/Passpor  EA  to and verified with employ	t No.), to submit this authorisatise enclosed with this authorise tris enclosed with this authorise enclosed with this enclosed with the enclosed enclosed with this enclosed enc	ation form on my behalf. A sation form.
copy of the re  Declaration by  Thave spoke	Presentative's NRIC/Passpor  EA  To and verified with employ  n to and verified with employ	t No.), to submit this authorisatise enclosed with this authorisation of the confirmation of the confirmat	ation form on my behalf. A sation form.
copy of the re  Declaration by  Thave spoke	Presentative's NRIC/Passpor  EA  To and verified with employ  To and verified with employ	t No.), to submit this authorisatise enclosed with this authorisatise enclosed with this authorisation of the confirm his / her authorisation over that the person submitting lover.	risation.  g this form to the EA is
Declaration by  I have spoker authorised to	resentative's NRIC/Passpor  EA  In to and verified with employ  In the employ  In the employ  In the ensured all necessar	t No.), to submit this authorisatise enclosed with this authorisatise enclosed with this authorisation of the confirm his / her authorisation encountry that the person submitting loyer.	ation form on my behalf. A sation form.  risation.  g this form to the EA is saking the abovementioned
Declaration by  I have spoker authorised to	resentative's NRIC/Passpor  EA  In to and verified with employ  In the employ  In the employ  In the ensured all necessar	t No.), to submit this authorisatise enclosed with this authorisatise enclosed with this authorisation of the confirm his / her authorisation over that the person submitting lover.	ation form on my behalf. A sation form.  risation.  g this form to the EA is saking the abovementioned
Declaration by  Thave spoker authorised to	reactions.  (NRIC/Passport (NRIC/Pas	t is enclosed with this authorisatis enclosed with this authorisatis enclosed with this authorisation of the confirm his / her authorisation of the person submitting loyer.  The fields are filled in prior to make the correction on this form is true and correction.	ation form on my behalf. A sation form.  risation.  g this form to the EA is saking the abovementioned
Declaration by  Thave spoker authorised to I declare that work pass tra I declare that	reactions.  (NRIC/Passport (NRIC/Pas	t No.), to submit this authorisate is enclosed with this authorisate is enclosed.  The control of the control of the control of this form is true and correct the control of the control	ation form on my behalf. A sation form.  risation.  g this form to the EA is saking the abovementioned

Underwriten by -PED

TOKIOMARINE

TORIO MARINE INSURANCE SINGAPORE LTD. 20 McCallim Street 609-01 Tokio Manne Centre Singapore 069046



AVA INSURANCE AGENCY PTE LTD 91 Bencoolen Beselt 809-08 Sornhine Plaza Gingsporte 189682 Tel: +85 80358838 / 64638738 Fax: +85 60358828 / 64638738 Web: www.aya-en-corn.eg Company's Registration No. 201113230C

## DOMESTIC MAID APPLICATION FORM

The insurance Act: You are to disclose in the proposal form fully and faithfully all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise the policy issued hereunder may be void.

| EMPLOYER'S PARTICULARS | B. MAID'S PARTICULARS

	risk that is being proposed, but the	B. MAID'S PARTICULARS	
ROPOSER'S / EMPLOYER'S PARTICULA	Sex M F	Name of Maid NINGSih	
dress 157E 7 ampives Rock  (535149)  Stonality  SB Transmission Ref			Passport No 84483547 Nationality
C(535149) stionelity SB Transmission Ref	Occupation	WP No 08956448	molone sian
stionality Pov ean SB Transmission Ref		- 4 of loss trance (6d/n	im/yyyy)
ame of Company	NRIC/FIN No \$ 12213924	The Period of Insurance (dd/mm/yyyy)  From / To / /	
ontact No: (HP)		*Age Limit: 69 years of age &	below
PERIOD OF INSURANCE:  * 1-YEAR - Z-YEAR  CHOICE OF MEDICAL INSURANCE (	*please tick one only		For Filipino Helper only): 100 (\$70.00)
CHOICE OF MEDICAL INSURANCE  * PLAN A PLAN B PLAN C  REIMBURSEMENT OF INDEMNITY P  * Provided always that if two pay the additional pre my/our liability to keep Tolko Marine insurance Sing shall only arise if the breach of the condition under the from any deliberate act or omission of the Employ the Security Bond was not caused by or resulted fro  I/we will only be liable to pay Tokio Marine insura  . TOP-UP FOR SECTION 2: H&S EX  \$\$\text{\$	mium for the warver of counter indemnity papere Ltd. Indemnified as stipulated above security Bond was caused by or resulte it Where the breach of the condition under the Employer's deliberate act or omissiones Singapore Ltd. a fixed sum of \$525 PENSES (Only with 2-Year PL	an)(Optional):	\$15,000)
The state of the s	A 1 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TTV FORW	eishe has authorized me to disclose the
IMPORTANT NOTICE: The Employer is hereby notification or otherwise, shall be deemed binding and leg	COUNTER-INDEMN ted that by virtue of signing this Counter-In ally enforceable in a court of law and shall	TTV FERRIN	a mak a make of the bushes by the
III) I acknowledge of the Employer is hereby notify of fax or otherwise, shall be deemed binding and leg.  To: Tokio Marine Insurance Singapo 20 McCallum Street #09-01 Tokio Miles.	COUNTER-INDEMN that by virtue of signing this Counter-In silly enforceable in a court of law and shall one Ltd. Inne Centre Singapore 059045	dennity Form, it is hereby understood have the same legal effects as that of	and agreed that a copy of it, earnile by in the original.
III) I acknowledge to the control of fax or otherwise, shall be deemed binding and leg fax or otherwise, shall be deemed binding and leg to Tokio Marine Insurance Singapo 20 MoCallum Street #09-01 Tokio Mic Dear Sirs.  RE COUNTER-INDEMNITY FOR LETTER OF GLID IN It is the control of the cash deposit that the would otherwise following (whichever is selected to be covered use I also the cov	COUNTER-INDEMN field that by virtue of signing this Counter-In elly enforceable in a court of law and shall we Ltd.  Arine Centre Singapore 059045  UARANTEE NO g have to provide as sacurity Tokio Marin ser the insurance plan); by of Manpower of Singapore and/or Co chever amount is indicated in the insurance plans.	demnity Form, it is hereby understood have the same legal effects as that of the insurance Singapore Ltd. ("you") nitrollier of immigration of Singapore, ince bond) to the Philippine Overseaunt stated in the Letter of Guarantee	and agreed that a copy of it earns by me the original.  Ingrees to mylous request to provide the andler is Labour Office in Singapore, andler Insurance Bond Issued.
III) I acknowledge state in the Employer is hereby notify of fax or otherwise, shall be deemed binding and leg to fax or otherwise, shall be deemed binding and leg to the state of the cash deemed binding and leg to McCallum Street #09-Us Tokeo McCa	COUNTER-INDEMN had that by virtue of signing this Counter-In elly enforceable in a court of law and shall exe Ltd.  JARANTÉE NO  The have to provide as security Tokio Marin for the insurance plan).  Try of Manpower of Singapore and/or Co ichever amount is indicated in the insurance any sum or sums not exceeding the amount any sum or sums not exceeding the amount	deemsty Form, it is hereby understood have the same legal offects as that of the insurance Singapore Ltd. ('you') in insurance Singapore Ltd. ('you') increased to the Philippine Overtee unit stated in the Letter of Guarantee	and agreed that a copy of it earner by me the original.  agrees to mylour requisit to provide the and/or a Labour Office in Singapore, and/or Insurance Bond issued.
IMPORTANT NOTICE: The Employer is hereby notified fax or otherwise; shall be deemed binding and leg to the content of the cont	COUNTER-INDEMN  ted that by virtue of signing this Counter-In mily enforceable in a court of law and shall  vire Ltd.  UARANTEE NO  The have to provide as security Tokio Marin for the insurance plan).  Thy of Manpower of Singapore and/or Co (chever amount is indicated in the insuran any aum or sums not exceeding the amo power including legal costs and expense power of Guarantee and/or insurance Box or of Guarantee and/or insurance Box or any other a vidence of all payments in udusive evidence of anylour liability to yo and demand and you may at any time ha to without discouraging or impairing my scribed my/our name(s) this	dennity Form, it is hereby understood have the same legal affects as that of the insurance Singapore Ltd. ("you") nerollier of immigration of Singapore, rice bond) to the Philippine Oversoo unit stated in the Letter of Guarantee by compensate you for all clasms, pass obtermined on a solicitor or claim and actions, suits, proceedings, fosses ande by you or all liabilities or obligu.	and agreed that a copy of it, earnile by in the original.  Ingrees to mylour requisit to provision the and/or a Labour Office in Singapole, and/or Insurance Rond lessued.  Yments, demands, sclooks, scale, proce- pasts) which may be taken or made aga- and liabilities whatever which may
IMPORTANT NOTICE: The Employer is hereby notify of fax or otherwise, shall be deemed binding and leg To:  Tokio Marine Insurance Singapo 20 MoCallium Street #909-01 Tokio Min Dear Sirs.  RE COUNTER-INDEMNITY FOR LETTER OF GIT In lieu of the cash deposit that Dive would otherwise following (whichever is selected to be covered use for following (whichever is selected to be covered use for its following that the payment on damand of a which guarantee(s) the payment on damand of a following it is selected to be covered use for return, there agrees and undertake as follows:  1. We will, at all strees, costs and expenses whatso or which become payable by you under the Letter of Guarantee and/or insurance Bond as cost of Glarantee and/or insurance Bond as cost Letter of Guarantee and/or insurance Bond as the letter of Guarantee and/or insurance Bond as th	COUNTER-INDEMN that that by virtue of signing this Counter-In mily enforceable in a court of law and shall were Ltd. Intrins Centre Singapore 059045  UARANTEE NO The have to provide as security Tokio Marin fer the insurance plan). They of Manpower of Singapore and/or Co observer amount is indicated in the insura- any sum or sums not exceeding the amo- power including legal costs and expense or of Guarantee and/or insurances bor- or insurance and/or insurances Bond or any other evidence of any/our tabliny to you and demand and you may at any time ha and without discharging or impairing my	dennity Form, it is hereby understood have the same legal affects as that of the insurance Singapore Ltd. ("you") inhalter of immigration of Singapore, rice bond) to the Philippine Oversea and statemined on a solicitor or client is determined in a solicitor or client is determined in the processing of year solicitor or client is determined in the processing of year or an insulation without grains of year or an insulation or processing the processing of year or processing the processing of year or processing the pr	and agreed that a copy of it, earnile by in the original.  Ingrees to mylour requisit to provision the and/or a Labour Office in Singapole, and/or Insurance Rond lessued.  Yments, demands, sclooks, scale, proce- pasts) which may be taken or made aga- and liabilities whatever which may
IMPORTANT NOTICE: The Employer is hereby notify of fax or otherwise, shall be deemed binding and leg.  To: Tokio Marine Insurance Singapo 20 McCallum Street #09-01 Tokio Min.  Dest Sirs.  RE COUNTER-INDEMNITY FOR LETTER OF GI. In Seu of the cash deposit that the would otherwist following twritchever is assected to be covered under the control of the manurance Bond for \$2,000 or \$7,000 (which deposits the payment on demand of the return, the agree and undertake as follows:  1. SiVe will, at all strees, unconditionally and in tosses, liabilities, costs and expenses what is or which become payable by you under the Letter of Guarantee against you under the Letter of Guarantee and/or insurance Bond as cost.  2. You will have absolute discretion to comprish the street and the street indemnity shall be a contrained.  3. If the source indemnity shall be a contrained.  4. This counter indemnity shall be a contrained.	COUNTER-INDEMN  ted that by virtue of signing this Counter-In mily enforceable in a court of law and shall  vire Ltd.  UARANTEE NO  The have to provide as security Tokio Marin for the insurance plan).  Thy of Manpower of Singapore and/or Co (chever amount is indicated in the insuran any aum or sums not exceeding the amo power including legal costs and expense power of Guarantee and/or insurance Box or of Guarantee and/or insurance Box or any other a vidence of all payments in udusive evidence of anylour liability to yo and demand and you may at any time ha to without discouraging or impairing my scribed my/our name(s) this	dennity Form, it is hereby understood have the same legal affects as that of the legal affects are as solicitor or client in the legal affects are associated as a solicitor or client in the legal affects are associated as a solicitor or client in the legal affects are associated as a solicitor or all liabilities or obligit.  The absolute descretion without grant our liability under the processing of the legal affects are as the liabilities of the liab	and agreed that a copy of it, earnile by in the original.  Ingrees to mylour requisit to provision the and/or a Labour Office in Singapole, and/or Insurance Rond lessued.  Yments, demands, sclooks, scale, proce- pasts) which may be taken or made aga- and liabilities whatever which may